

DENTAL BOARD OF CALIFORNIA

The fourteen-member Dental Board of California (Board) is responsible for regulating the practice of approximately 74,400 dental health professionals, which includes the license of doctors of dental surgery (DDS) and the following 44,500 licensed dental auxiliaries:

- Registered Dental Hygienists (RDH)
- Registered Dental Hygienists in Extended Functions (RDHEF)
- Registered Dental Hygienists in Alternative Practice (RDHAP)
- Registered Dental Assistants (RDA)
- Registered Dental Assistants in Extended Functions (RDAEF)

1. Continue to Regulate the Practice of Dentistry

The Department concurs with the JLSRC's recommendation to continue regulation of the practice of dentistry. The practice of dentistry affects the health and safety of Californians and requires a high level of skill.

2. Review Dentists' Control Over the Board's Regulation of the Profession

The Department believes the Board *does* exercise too much control over the licensing, regulation, and practices of dental auxiliaries. There is a long history to the Board's restrictive actions toward the practices of dental auxiliaries. The Department recommends the scope of practice for dental auxiliaries (authorized duties) be moved from regulations into statute. While some authorized duties should be designated as under the direct supervision of a dentist, others should be clearly delegated as categories of practice to the auxiliaries (see Recommendation 2 for COMDA).

3. Review Dentists Performing Procedures Beyond Their Scope of Practice

The Department concurs with the JLSRC's recommendation that oral and maxillofacial licensees need to be informed about the current statutory limitations on the services permitted under the authority of a dentist license; and that violations of those limitations, such as advertising certain cosmetic surgery services that are not authorized by a dentist license, should be actively investigated and disciplined. In addition, the Department recommends that the next occupational analysis of dentistry include a survey of the practices of oral and maxillofacial licensees and a report to the JLSRC on the findings upon completion of that analysis.

4. Revise Requirements for Dental Auxiliary Educational Programs

The Department concurs with the JLSRC's preliminary recommendation that the current lack of availability of RDHAP educational programs be reviewed. The

Department recommends that current regulatory limitations that require these programs to be affiliated with a dental school be revised so that programs, like the one involved in the Heath Manpower Pilot Project, qualify to provide the required training for RDHAP licensure.

5. Require Dentists to Provide Mercury Warning Information to Patients Requiring Cavity Fillings

The Department concurs with the JLSRC's preliminary recommendation that dentists be required to provide "The Dental Materials Fact Sheet" that discusses possible health risks related to mercury to all patients prior to the performance of any dental restoration that could involve the use of dental amalgam. Dentists should also be required to make the fact sheet available in their offices in a prominent location.

In fact, when it was brought to the Department's attention that the Board had not produced the fact sheet, which was required in statute by SB 934 (Watson, Chapter 801, Statutes of 1992), the Department asked the Board to meet the mandated requirement. As of this date, an updated fact sheet is not available.

6. Establish Broader Scope of Practice for Dental Auxiliaries

The Department recommends the JLSRC require that a system be established for easy determination of appropriate scope and standards of practice for dental auxiliaries which allows them to adopt and utilize new equipment and emerging technologies as they arise.

7. Review Educational Requirements on Infection Control, Cardiopulmonary Resuscitation, and Dental Jurisprudence

The Department concurs with the JLSRC's recommendation that educational requirements be implemented for infection control and CPR on an ongoing basis; and dental jurisprudence be required on a one-time basis for licensed dental assistants and licensed dental hygienists.

8. Establish Enforcement Monitor to Improve Disciplinary Process

The Department recommends that the JLSRC require the Director to appoint an Enforcement Program Monitor, no later than January 31, 2002, whose duties would include monitoring and evaluating the dental disciplinary system and reporting his/her findings, as specified, to the Department and the Legislature. The Enforcement Program Monitor should be funded through the State Dentistry Fund.